APPLICATION FOR MASTER PLAN AMENDMENT

PROJECT INFORMATION:

DEPARTMENTAL USE ONLY
FILE NUMBER:
MASTER PLAN COMPONENT(S) SUBJECT TO APPLICATION:
NEIGHBORHOOD ACCOCATION(C)
NEIGHBORHOOD ASSOCATION(S):
CITY COUNCIL DISTRICT(S):
APPLICATION DATE: CITY INITIATED: YES/NO
TENTATIVE PC DATE:
TENTATIVE CC DATE:
CASE MANAGER: APPLICATION ACCEPTED BY: PLAN INDICATOR(S) AFFECTED:
TEAN INDICATOR(3) ATTECTED.
OTHER PROJECT DATA:
APPLICANT: TEL:
APPLICANT: TEL: TEL: (If applicant is different from owner, please complete attached affidavit.)
PROPERTY OWNER'S NAME: TEL:
PROJECT NAME:
PROJECT STREET ADDRESS:
LEGAL DESCRIPTION: LOT BLOCK NCB
(If a plat reference is not available, please provide field notes or metes and bounds description)
PARCEL TAX ID NUMBER(S):
Translet Translet Noniber (6).
AREA SUBJECT TO PLAN AMENDMENT:
ACRES: (or) SQUARE FEET:
Nones (01) 500/ME 1221
REQUESTED CHANGE TO FUTURE LAND USE MAP DESIGNATION: (please attach map
designating tracts to be changed)
REQUESTED CHANGE TO PLAN TEXT:
TREGOLOTED OTHER TEXT.
TEM AND DACE NUMBER(C) OF MACTER DUANT DOCUMENT.
ITEM AND PAGE NUMBER(S) OF MASTER PLAN DOCUMENT:

AREA SUBJECT TO REZONING, IF APPLICABLE:

(NOTE: A SEPARATE APPLICATION FOR REZONING IS ALSO REQUIRED)

TRACT #	ACRES OR	EXISTING	EXISTING	PROPOSED	PROPOSED
	SQ FT	ZONING	USE	ZONING	USE

RELATED PLANS:

MASTER DEVELOPMENT PLAN?	YES/NO	FILE #:
PUD PLAN?	YES/NO	FILE #:
		FILE #:
		VOLUME/PAGE #:
CITIZEN PARTICIPATION PLAN?	YES/NO	

REASON FOR MASTER PLAN AMENDMENT REQUEST:

REASON FOR MASTER FEAN AMENDMENT REQUEST.						
(PLEASE ATTACH ADDITIONAL SHEETS, IF NECESSARY)						
SIGNATURE OF OWNER OR AUTHORIZED AGENT:						

SUPPLEMENTAL MATERIALS REQUIRED:

- □ AFFIDAVIT OF PROPERTY OWNER, IF APPLICABLE
- MAP DESIGNATING PROPERTIES SUBJECT TO THE MASTER PLAN AMENDMENT
- CONCEPTUAL SITE PLAN INCLUDING LOCATION OF STRUCTURES, EASEMENTS, WATER SOURCES, FENCES, CURB CUTS, SIDEWALKS AND STREET AND ALLEY RIGHT OF WAY LINES
- □ FIELD NOTES OR METES AND BOUNDS DESCRIPTION OF PROPERTY, IF APPLICABLE
- □ DEED RESTRICTIONS, IF APPLICABLE

AFFIDAVIT

STATE OF TEXAS COUNTY OF BEXAR

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INSTRUCTIONS

1. Project Information:

Section to be completed by the Planning Department.

2. Other Project Data:

- a. Applicant Provide name of applicant requesting the Master Plan amendment. If applicant is different from owner, please complete and notarize the attached affidavit.
- b. Owner's Name Provide name of current owner. Only the current owner or authorized agent may apply for a change of zoning. In addition, if ownership is scheduled to change prior to the completion of the amendment process, please provide name of prospective owner(s).
- c. Project Name Indicate name of project, if applicable.
- d. Project Street Address(es) Indicate the address or range of addresses along any street abutting the property. For assistance, contact Addressing Services in the Development Services Department, 9th floor, Municipal Plaza, 114 West Commerce Street.
- e. Legal Description Indicate the location of the property described according to a subdivision plat filed at the County Court House or City Tax Rolls. If a plat reference is not available, please provide field notes or metes and bounds description of the property.
- e. Parcel Tax ID Number(s) Please provide the parcel identification information according to the Bexar Appraisal District. For assistance, contact the Bexar Appraisal District (210) 224-8511 or visit http://www.bcad.org

3. Area Subject to Plan Amendment:

- a. The area of the tract(s) for which an amendment is being requested shall be shown in acres or square feet.
- b. If the amendment requires a change to the future land use designation, please explain the requested change and attach a map designating the tracts to be changed.

c. If the amendment requires a change to the plan text, please explain the requested change including the item and page number(s).

4. Area To Be Rezoned:

Please indicate both the existing and proposed zoning and use(s). If more than one tract is involved, identify the tract by number and corresponding acreage or square footage. Information on zoning maybe obtained from the Zoning Division of the Development Services Department located on the 4th floor of Municipal Plaza, 114 West Commerce Street.

5. Related Cases:

If this property is subject to a Master Development Plan or POADP, or if there are any pending requests on the property covered by this application, please provide the appropriate reference information. Also, deed restriction information must also be provided, indicating the volume and page numbers of the deed conveying the property to the present owner. This information is located on the deed or is available in the County Clerk's Office, Bexar County Courthouse.

6. Reason For Master Plan Amendment Request:

Please provide a brief summary identifying all reasons the Master Plan amendment is being requested at this time. Be sure to include a description of all proposed land uses for the subject property.

7. Supplemental Materials Required:

- a. Map designating properties subject to the Master Plan amendment. For the purposes of this application, it may be a copy of the same map used for a rezoning application or a tax map from the Bexar Appraisal District.
- b. Conceptual site plan including location of structures, easements, water sources, fences, curb cuts, sidewalk and street and alley right of way lines. Plot plan forms are available from the Development Services Department.
- c. Field notes or metes and bounds description of the property should be provided if a legal description of the property is not available.
- d. Deed Restrictions please provide copies of all deed restrictions.